

HUMAN RABIES PREVENTION POLICY - Virginia Department of Health

The following recommendations apply to local and district health departments except where the central office is specifically mentioned. Central office includes Division of Zoonotic and Environmental Epidemiology, Division of Surveillance and Investigation, State Epidemiologist and Deputy State Epidemiologist.

Reporting and Record Keeping

1. Create system for receipt of timely reports on exposures from medical care providers and animal control officials.
2. Report PEP to central office preferably using VENIS (HealthSpace). If some other database is used, such as Excel or Access, it should be sent electronically in the attached table format. Data should be updated and sent in a timely manner.
3. Maintain a 24/7-district communications structure to receive exposure reports and laboratory results.
4. Record street address or nearest intersection for wild and domestic animals at large and, if possible, GPS reading; work toward more use of GPS units.

Animal/Animal Control

1. Ensure that exposing animal is managed appropriately, i.e. confinement and observation or euthanasia.
2. Ensure that ACOs, especially if they have major role in responding to potential rabies exposures, are educated and provided appropriate information and LHD contact information through regular training and/or mailings.
3. Put report on exposure in proper format so it can be presented to animal owner or official (e.g., animal control officer) for documentation. Maintain confidentiality of bite victim. If animal control needs or collects that information, be sure they understand need for confidentiality.

Medical Community

1. On request, provide consultation to physicians.
2. Keep medical community informed about local rabies cases and current management recommendations.
3. Central office should develop and keep current website information for physicians.
4. Central office should provide up-to-date physician information through the VEB and/or to local health departments for distribution to physicians.

Exposed person

1. Assure that persons exposed understand their risk – may include oral or written communication.
2. Ensure that persons with bona fide exposures have access to PEP, including low income or indigent persons.

3. Ideally, follow-up on exposed persons and with treating physicians until PEP is completed. Extent of follow-up may depend on level of exposure/risk, patient's understanding of risk, and health department resources.
4. Assure that timely information or guidance is given to the exposed person once animal results are known, i.e., availability of animal, confinement outcome, or laboratory test results.
5. When possible give information on PEP protocol directly to patient who can provide it to the treating physician; central office to provide template.

General

1. Ensure appropriate language and cultural communications are used.
2. Ensure that there is someone on staff who is "rabies competent" and knows to call the central office for issues beyond his/her expertise.
3. Maintain a policy of notifying the health director of high-risk exposures or ones that may result in publicity or could be controversial.
4. Central office should maintain a policy of notifying the appropriate local health department of any advice provided to the public, human and animal medical care providers, or animal control personnel on cases from that health department.